

INSPECTION CHECKLISTS



Monthly Filtration Checks

Facility:		Date:	
Filter Vessel Unit No.:	Filter Type:	Filter/Separator	Filter Monitor Other:
Sampling Point	Membrane Filter Test ASTM D-3830	Anti-icing Additive (0.10 – 0.15 VOL%)	Free Water (ppm)
<p>Before Filter</p> <p>$\Delta P =$ _____ psi</p> <p>Sample Volume = _____ gal.</p>			
<p>After Filter</p> <p>$\Delta P =$ _____ psi</p> <p>Sample Volume = _____ gal.</p>			
Comments:			

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Refueler – Monthly/Quarterly Inspection Checklist

Vehicle ID:	Fuel Type (circle one):	100LL	Jet A	Manager/Trainer:	Month:	Year:
Monthly Inspection:	Rating	Date	Signature	Maintenance Action:		
1. General Condition						
2. Membrane Filter Test (Color Rating)						
3. Free Water Test (ppm)						
4. Anti-icing Additive (0.10 – 0.15 VOL%)						
5. Nozzle Screens						
6. Hose Pressure Checks						
7. Bonding Cable Continuity (≤ 25 ohms)						
8. Fire Extinguishers (Seals & Insp. Date)						
9. Signs & Placards						
10. Emergency Shutdown System						
11. Meter Seals						
12. Tank Vents and Dome Covers						
13. Tank Interior						
14. Training Records						
Quarterly Inspection:	Rating	Date	Signature			
1. Vehicle Condition						
2. Pressure Controls (Record Primary/Secondary)						
3. Water Defense System External Check						
4. Internal Valve Check						
S – Satisfactory C – Comment NIU – Not Used N/A – Not Applicable						
Comments:						



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Annual/Semi-Annual Inspection Checklist

Facility ID:		Manager/Trainer:			Year:
Signature of person performing tasks or person accepting responsibility that tasks were performed					
Annual Inspection:	Rating	Date	Signature	Maintenance Action:	
1. Filter Element Replacement					
2. Storage Tank Interiors					
3. Check Water Defense Systems					
4. Filter/Separator Heaters					
3. Tank High Level Controls					
6. Meter Calibration					
7. Tank Vents					
5. Pressure Gauge Accuracy					
8. Cathodic Protection					
9. Line Strainers					
10. SPCC Plan (Review every 5 years)					
Comments:					